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25096

7590

04/14/2008

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Melody J. Almborg	(Depositor's name)
<i>Melody J. Almborg</i>	(Signature)
7/9/2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/28/259

08/11/2001

Lloyd E. Fladgard

31957.8010US1

5732

TITLE OF INVENTION: EXTENDED LIFE CUTTING BLADES FOR HAND-HELD CUTTING TOOLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	07/14/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALIE, GHASSEM	3724	030-228000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Perkins Coie LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Shear Tech, Inc.

Kingston, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 2

4b. Payment of Fee(s): (Please print recaply any previously paid issue fee shown above)

☒ A check is enclosed: PAYMENT MADE VIA EFT ACCOUNT SEA/PIRM☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the amount of fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 80-0665 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Paul T. Parker

Date

July 9, 2008

Typed or printed name

Registration No.

38,264

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